

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Dock t Number</b>	EN11229
	<b>First Named Inventor</b>	Robertson
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Battery Cover for Charging

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:

☐ Customer Number  
or Bar Code LabelOR ☒

Correspondence address below

Name Philip H. Burrus, IV

Address Intellectual Property Department

Address 1700 Belle Meade Court

City Lawrenceville

State Georgia

ZIP 30043

Country United States

Telephone (770) 338-3227

Fax (847) 761-1288

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name William H.  
(first and middle [if any])Family Name Robertson, Jr.  
or SurnameInventor's  
Signature*William H. Robertson, Jr.*

Date MAY 11, 2001

Residence: City Fort Lauderdale

State Florida

Country United States

Citizenship United States

Mailing Address 1 Las Olas Circle #1010

Mailing Address

City Fort Lauderdale

State Florida

ZIP 33316

Country United States

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Wiling  
(first and middle [if any])Family Name Tan  
or SurnameInventor's  
Signature

Date

Residence: City Penang

State

Country Malaysia

Citizenship Malaysia

Mailing Address DA-5-2 Lorong Kenari Sungai Ara

Mailing Address

City Penang

State

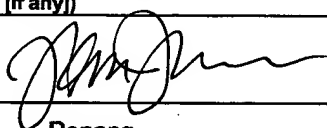
ZIP

Country Malaysia

☐ Additional inventors are being named on the \_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name Philip H. Burrus, IV					
Address Intellectual Property Department					
Address 1700 Belle Meade Court					
City Lawrenceville			State Georgia		ZIP 30043
Country United States		Telephone (770) 338-3227		Fax (847) 761-1288	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name William D. (first and middle (if any))			Family Name Robertson, Jr. or Surname		
Inventor's Signature				Date	
Residence: City Plantation		State Florida	Country United States	Citizenship United States	
Mailing Address 1450 SW 52nd Terrace					
Mailing Address					
City Plantation		State Florida	ZIP 33317	Country United States	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Wiling (first and middle (if any))			Family Name Tan or Surname		
Inventor's Signature 				Date 5/20/01	
Residence: City Penang		State	Country Malaysia	Citizenship Malaysia	
Mailing Address DA-5-2 Lorong Kenari Sungai Ara					
Mailing Address					
City Penang		State	ZIP	Country Malaysia	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box ➡ ☐

PTO/SB/81 (11-96)  
Approved for use through 6/30/99, OMB 0651-0035

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT,  
NOT ACCOMPANYING  
APPLICATION**

Application Number	
Filing Date	
First Named Inventor	Robertson
Group Art Unit	
Examiner Name	
Attorney Docket Number	EN11229

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
Philip H. Burrus, IV	45, 432
Scott Kevin Pickens	34, 696

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest  
*Certificate under 37 CFR 3.73(b) is enclosed*

**SIGNATURE of Applicant or Assignee of Record**

Name William D. Robertson, Jr.

Signature

Date

MAY 11, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box→ ☐

PTO/SB/81 (11-96)  
Approved for use through 6/30/99, OMB 0651-0035

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT,  
NOT ACCOMPANYING  
APPLICATION**

Application Number	
Filing Date	
First Named Inventor	Robertson
Group Art Unit	
Examiner Name	
Attorney Docket Number	EN11229

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
Philip H. Burrus, IV	45, 432
Scott Kevin Pickens	34, 696

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

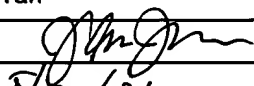
<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest  
*Certificate under 37 CFR 3.73(b) is enclosed*

**SIGNATURE of Applicant or Assignee of Record**

Name	Wiling Tan
Signature	
Date	5/30/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.